

UTAH LIFE AND ANNUITY GROUP QUESTIONNAIRE

INSURER NAME _____ NAIC # _____

Pursuant to Utah Code Annotated (U.C.A.) 31A-22-501, group marketing is limited to the stated group types in U.C.A. 31A-22-501.1 through 508. This completed form must be included with all group filings.

IMPORTANT

Pursuant to U.C.A. 31A-22-501, a group policy of life insurance, including an annuity, may not be delivered in Utah unless the insured group falls within at least one of the classifications under 31A-22-501.1 through 31A-22-509; and is formed for a reason other than the purchase of insurance.

* If the group being submitted qualifies under U.C.A 31A-22-501.1 through 31A-22-508, then complete this form.

* If the group is other than those specified in U.C.A 31A-22-501.1 through 31A-22-508, it is considered a discretionary group under U.C.A. 31A-22-509. Refer to the appropriate filing rule (R590-226, Submission of Life Insurance Filings or R590-227, Submission of Annuity Filings) for further instructions.

Complete the following questions only if the group to be insured meets the requirements of groups defined in U.C.A. 31A-22-501.1 through 31A-22-508. Answer all questions in detail as they apply to the group to be insured.

(Complete only one group type per form.)

EMPLOYER:

Do the groups meet all requirements of U.C.A. 31A-22-501.1? Yes _____ No _____

Describe the Group _____

Policyholder name _____

What is the purpose of the group? _____

What is the purpose of the insurance? _____

Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____

Trust name _____ Domicile _____

LABOR UNION:

Does the group meet all requirements of U.C.A. 31A-22-503? Yes _____ No _____

EMPLOYER-EMPLOYEE:

Do the groups meet all requirements of U.C.A. 31A-22-502? Yes _____ No _____

Describe the Group _____

Policyholder name _____

What is the purpose of the group? _____

What is the purpose of the insurance? _____

Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____

Trust name _____ Domicile _____

TRUSTEE:

Does the group meet all requirements of U.C.A. 31A-22-504? Yes _____ No _____

Describe the Group _____

Policyholder name _____

What is the purpose of the group? _____

What is the purpose of the insurance? _____

Trust name _____ Domicile _____

Date trust formed ____/____/____ By whom _____

Trustee Name _____

Trust Administrator Name _____

Function of the trust _____

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ASSOCIATION:

Does the group meet all requirements of U.C.A. 31A-22-505? Yes _____ No _____

Describe the Group _____

Association Name _____ Policyholder Name _____

Purpose of the association _____

Date formed ____/____/____ By whom _____

Qualifications and benefits for membership _____

Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____

Trustee Name _____

Administrator _____

CREDITOR TO INSURE DEBTORS.

Does the group meet all requirements of U.C.A. 31A-22-506? Yes _____ No _____

CREDIT UNION:

Does the group meet all requirements of U.C.A. 31A-22-507? Yes _____ No _____

NATIONAL GUARD:

Does the group meet all requirements of U.C.A. 31A-22-508? Yes _____ No _____

MARKETING AND ADMINISTRATION:

Will the certificates be marketed individually? Yes _____ No _____

Will the insureds be enrolled individually? Yes _____ No _____

Identify all organizations and individuals involved in marketing and describe their functions. _____

Describe the beneficiary: _____ Who designates the beneficiary? _____

Are premiums handled through the group, the policyholder, or the insurer? _____

Are premiums contributory or non-contributory? _____

Who owns the funds? _____ Explain: _____

ANNUITY CONTRACTS:

Are the funds allocated or unallocated? _____ Explain: _____

Describe who owns the funds _____

Are premiums tax-qualified? Yes _____ No _____ Identify the applicable Internal Revenue Tax Code(s) _____

I HEREBY CERTIFY that I have reviewed the above. My responses are correct and in compliance with all applicable provisions of the Utah laws and rules.

Print Name _____ Title _____

Original Signature _____ Date _____

For general questions contact Sandra Christensen, (801) 538-3863 or schristensen@utah.gov